

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/069403

FILED DATE

APPLICANT(S)

821/07 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3		2				
4		2				
5		2				
6		2				
7		1				
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

	★		★		★	
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUDICATIONS